

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephen Meile
4 Periwinkle Pl.
Lumberton NJ 08048



9590 9403 0756 5196 8452 36

2. Article Number (Transfer from service label)

7017 2400 0000 1347 3753

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

JUN 17 2021

C. Date of Delivery

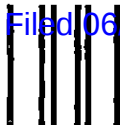
D. Is delivery address different from item 1?
If YES, enter delivery address below:

- ☐ Agent
☐ Addressee
☐ Yes
☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input checked="" type="checkbox"/> Collect on Delivery | <input checked="" type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box•

US District Court New Jersey
PO Box 2797
Camden NJ 08101

USPS TRACKING#



9590 9403 0756 5196 8452 36

AT 8:30
WILLIAM WALSH
DEAK

JUN 21 2021

RECEIVED